

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **40654**  
**5104**

|   |  |  |  |   |  |   |  |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Jackson</u> |  |   |  |
| b. CITY OR TOWN <u>Kansas City</u>  |  | c. LENGTH OF STAY (in this place) _____  |  | c. CITY OR TOWN <u>Kansas City</u>  |  | d. STREET ADDRESS (If rural, give location) <u>2204 E. 14th St.</u>         |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H.C.T.B. Hosp.</u>   |  |  |  |   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Saint</u>   |  | b. (Middle) <u>James</u>   |  | c. (Last) <u>Davis</u>  |  | 4. DATE OF DEATH<br>(Month) <u>12</u> (Day) <u>3</u> (Year) <u>1950</u>     |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>Negro</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>   |  | 8. DATE OF BIRTH <u>Sept. 8, 1892</u>                                       |  |
| 9. AGE (in years last birthday) <u>58</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____       |  | 11. BIRTHPLACE (State or foreign country) <u>9</u>  |  | 12. CITIZEN OF WHAT COUNTRY? _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 13a. FATHER'S NAME _____  |  | 13b. MOTHER'S MAIDEN NAME _____   |  |
| 13c. FATHER'S NAME _____  |  | 13d. MOTHER'S MAIDEN NAME _____  |  | 14. NAME OF HUSBAND OR WIFE _____   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____   |  | 16. SOCIAL SECURITY NO. _____  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Hosp. Records K.C. Mo.</u>   |  | ADDRESS _____   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.<br><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Far advanced pulm. Tuberculosis</u><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br>19a. DATE OF OPERATION _____ |  |  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |   |  |
| 19c. DATE OF OPERATION _____  |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____         |  | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____   |  |   |  |
| 21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? _____  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>11-27-1950</u> to <u>Dec. 3, 1950</u> , that I last saw the deceased alive on <u>12-3-1950</u> and that death occurred at <u>9:35 a.m.</u> , from the causes and on the date stated above.  |  |  |  |   |  |   |  |
| 23a. SIGNATURE <u>Edward P. Altomare M.D.</u> (Degree or title) _____   |  |  |  | 23b. ADDRESS <u>H.C.T.B. Hosp. Records Mo.</u>  |  | 23c. DATE SIGNED <u>12/3/50</u>   |  |
| 24a. PORTAL CREMATION REMOVAL (Specify) <u>Removal</u>  |  | 24b. DATE <u>12/5/50</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>H.C. Carey Cemetery</u>   |  | 24d. LOCATION (City, town, or county) <u>Kansas City</u> (State) <u>Mo.</u> |  |
| DATE REC'D BY LOCAL REG. <u>12-4-50</u>   |  | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H.D. Moore</u>  |  | ADDRESS <u>1820 E. K.</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*H.B. Moore*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2410*

P. O. Address *1820 E 18th St*

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.